

HOME PROTECTION TAX RETURN

CDI FS-004 (REV 12/2002)

FOR CALENDAR YEAR 2002**TAX DUE DATE APRIL 1, 2003**

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	<input type="checkbox"/> No Payment
Telephone & Fax #			<input type="checkbox"/> Check
State of Domicile			<input type="checkbox"/> EFT

If New Company, check here ☐ If Name Change, check here ☐ If Final Return, check here ☐

STATEMENT OF DIRECT CONTRACT FEES DURING CALENDAR YEAR 2002

		CDI use only
Annual Tax	1. Total Direct Fees Written	1. _____
	2. Tax Rate	2. 2.35%
	3. 2002 Annual Tax	3. _____
Credits & Prepayments	4. Low Income Housing Credit	4. _____
	5. COIN Credit	5. _____
	6. Prepayments Made During the Reporting Year of 2002	
	a. Overpayment applied from prior year	_____
	b. First Quarter (Balance paid)	_____
	c. Second Quarter	_____
	d. Third Quarter	_____
e. Fourth Quarter	_____	
f. Total Prepayments	6f. _____	
7. Total Credits & Prepayments Made	7. _____	
Tax Due	8. 2002 Tax Due - If Line 3 is greater than Line 7	8. _____
Tax Overpayment	9. 2002 Tax Overpayment - If Line 7 is greater than Line 3	9. _____
	The tax overpayment (line 9) may be applied to the 2003 first quarter prepayment. A Refund MAY NOT be applied to the 2003 second quarter prepayment or any future tax payment.	
1st Quarter Prepayment	10. 2003 First Quarter Prepayment	10. _____
	a. 2002 Tax Overpayment applied to the 1st Quarter Prepayment	a. _____
	b. 2003 First Quarter Prepayment Balance Due	10b. _____
Tax Refund	11. Tax Refund	11. _____

TAX PAYMENTS DUE APRIL 1, 2003

Line 8	2002 Tax Due	_____
Line 10b.	2003 First Quarter Prepayment Balance Due	_____
Each Payment must be paid separately and should NOT be combined to make one lump sum payment		

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DECLARATION OF INSURER

This return must be signed by an Executive Officer, United States Manager, or Manager residing within California, pursuant to California Revenue and Taxation Code Section 12303.

I, _____, _____
Type or print Name Type or print Title

of _____,
Type or print Name of Company

hereby declare under the penalties of perjury that this return (including accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

Signature Date City State

SPACE FOR NOTARY

Contact person for this tax return:

Name: _____ Title: _____
Type or Print

Address if different than Page 1

Mailing Address Phone: _____

City, State, Zip Fax number of
Contact Person: _____

E-Mail